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Evolution of Occupational Therapy Practice: Life History of Anne MacRae, PhD, OTR/L,

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### **Abstract**

The purpose of this study was to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice through the life history stories of occupational therapists who have held leadership roles at the national level and beyond. This life history is one of 30 life history interviews, which are part of a larger project, Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) at the National Level and Beyond. Student Researchers interviewed Dr. Anne MacRae for data collection. Interview questions were structured to address the Kawa model for the participant interviewed. The student researchers analyzed the data through coding of the transcribed interviews; four categories emerged from this process. The categories were: perspectives on mental health practice, teams, social issues, and professional journey. The student researchers concluded that Dr. MacRae has dedicated her career in occupational therapy to advocating for social issues in mental health practice, as seen by her various accomplishments and work with underrepresented populations, which could not be without the contribution of teamwork between other healthcare professionals.

## Introduction

This life history is one of 30 life history interviews, which are part of a larger project, *Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) at the National Level and Beyond*. The purpose of this study was to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice through the life history stories of occupational therapists who have held leadership roles at the national level and beyond. The anticipation is that the life history process will be a powerful way to gather this information.

The participant selected for the study was Dr. Anne MacRae. Dr. Anne MacRae graduated with her master's degree in Occupational Therapy in 1985 and her Ph.D. in Human Science in 1992. She has worked as an occupational therapist since obtaining her degree in 1985 in various settings; however, she is most well known for her contribution to community work. In order to gather information about the evolution of occupational therapy through a life history, a one-hour interview was audio-recorded, transcribed, and coded with 23 codes. From the 23 codes, four categories with two themes for each category emerged. The student researchers interviewed Dr. MacRae via Zoom Video Communications at Casper College Library. Dr. MacRae was located in a small bedroom at her home in California.

The Kawa Model served as a guide to developing the interview questions and also for the data analysis process. Triangulation involved the use of member checking to clarify and confirm the information included in the transcription was an accurate reflection of her career history. Through the data analysis process, the student researchers established trustworthiness by

reflecting on their experiences as student researchers and documented their biases in order to increase reliability and validity.

### **Timeline Literature Review**

Dr. Anne MacRae grew up in California in an environment where social issues were important. She was very interested in finding a profession that combined social justice, the arts, and neurology. Occupational therapy was a perfect fit, which allowed Dr. MacRae to incorporate all of her interests into the career of her choice. The United States in the early 1980s was a time where Americans were experiencing a recession, and many families were in economic trouble (History, 2019). The recession resulted in businesses closing, families losing their farmland, and millions of people losing their jobs (History, 2019). Around the same time, there was a drug epidemic where cocaine was emerging, and drug-related crimes were increasing (Encyclopedia, 2019). In the 1980s, the number of homeless Americans grew dramatically, and the awareness surrounding homelessness decreased (Encyclopedia, 2019).

The lack of advocacy and growing stigma surrounding mental health in the United States during this time created a greater need for occupational therapists to intervene. In 1986, the creation of The American Occupational Therapy Certification Board separated AOTA membership from certification (American Occupational Therapy Association [AOTA], 2019). Dr. MacRae received her board certification in mental health from AOTA in 2006, which set the stage for her career in advocating for social issues in the United States.

The Omnibus Budget Reconciliation Act of 1987 increased the maximum annual payment for outpatient psychiatric occupational therapy and includes occupational therapy in the definition of partial hospitalization services (National Network, 2019). This change in healthcare legislation allows occupational therapists to expand their practice and further improve the lives

of those struggling with mental health issues. In the early 1990s, a decrease in mental health practice caused by changes in reimbursement, education, treatment, and treatment environments led to a debate about whether mental health practice should remain in the scope of practice for occupational therapy (D'Amico, Jaffe, & Gibson, 2010). A huge turning point in the debate surrounding occupational therapy in mental health occurred in 1990 with the Americans with Disabilities Act (ADA). The Americans with Disabilities Act is a civil rights law that prohibits discrimination against individuals with disabilities. The law allows people with disabilities to have the same rights and opportunities as everyone else (National Network, 2019). The ADA also extends Medicare coverage, allowing community mental health centers to provide partial hospitalization mental health services, including occupational therapy (AOTA, 2019).

In the spring of 2002, The Psychiatric Occupational Therapy Action Coalition (POTAC) published a newsletter establishing priorities for Californians with mental illness, which served as a guide for program development, advocacy, treatment, and education (California Coalition for Mental Health, 2002). Occupational therapists have many skills and abilities that can help improve the lives of those with mental illness, which shows as priorities. This newsletter sparked conversation about occupational therapy in mental health practice by providing a comprehensive list of issues that occupational therapy practice can support.

Dr. MacRae has dedicated her career in occupational therapy to advocating for social issues in mental health practice. The evolution of occupational therapy practice, the history of social issues in the United States, and Dr. MacRae's interest in social issues have paved the way for her successful career in occupational therapy.

### **Theoretical Framework**

The student researchers used the Kawa Model to guide their research and paper. “The Kawa model uses a natural metaphor of a river to depict one’s life journey” (Teoh & Iwama, 2015, p.2). The Kawa Model consists of five metaphors to explain the interrelated constructs of life flow. 1) river flows is equivalent to the life flow and priorities in an individual’s life; 2) river banks is a metaphor for the social and physical environments or contexts; 3) rocks are identified as obstacles and challenges that are present for an individual; 4) driftwood are an individuals’ influencing factors to facilitate life flow; 5) space are the opportunities for enhancing the individuals flow of life (Teoh & Iwama, 2015). When developing questions for the interviews, the student researchers took Dr. MacRae’s past, present, and future into consideration. These questions specifically addressed Dr. MacRae’s life flow. Other questions asked about the client’s environment (riverbanks), obstacles and challenges in Dr. MacRae’s life (rocks), and her resources that facilitate her life flow (driftwood).

### **Description of Participant**

Dr. Anne MacRae received her PhD in Human Science at Saybrook Institute, her master’s degree in occupational therapy from San Jose State University, and a Bachelor of Arts degree in education from Antioch College. Dr. MacRae is fascinated with neurology and how the brain works. She grew up in an environment where social issues were prevalent, so finding occupational therapy was a blessing to her. She was awarded the Board Certification in Mental Health in 2006. Dr. MacRae has experience with cross-cultural and international consultation and is the recipient of multiple Fulbright Fellowship awards. She received the Lifetime Achievement Award from the Occupational Therapy Association of California in 2019. Dr.

MacRae recently finished the 4th edition of her book *Psychosocial Occupational Therapy: An Evolving Practice*. She recently retired from teaching at San Jose State University where she was a professor in the occupational therapy department. She is currently working as a part-time occupational therapist in the state of California and also does consultant work for Malta Mental Health Service and the University of Malta. Dr. MacRae is very passionate about writing and advocating for underrepresented populations. Information for this section was gathered from the interview and the Curriculum Vitae (CV) that she provided via email.

## **Methodology**

### **Study Design**

The study design was a qualitative research using a life history approach which allowed the focus to be on the participant's involvement in the evolution of occupational therapy practice.

### **Participant Selection**

The student researchers were assigned the participant from a participant list compiled through purposive sampling by the project directors. Dr. Anne MacRae was the participant for this qualitative research. Informed consent was obtained before the interview, and the UND Institutional Review Board reviewed the project, and because of the study design, the formal IRB process was waived.

### **Data Collection**

The semi-structured interview followed an interview schedule prepared by the project directors; the questions on the interview schedule were the same for all the individuals interviewed as part of the larger project. The Kawa Model guided the interview schedule. The



student researchers were allowed to modify or add interview questions as needed for each specific interview.

Before the interview, the student researchers contacted Dr. MacRae via email and asked her to provide her Curriculum Vitae (CV). The student researchers performed a one-hour interview, which was audio-recorded, transcribed, and coded with 23 codes. The transcription of the audio-recorded interview lasted about eight hours. From the 23 codes, four categories with two themes per category emerged. The configuration of codes, categories, themes, and an assertion statement lasted four hours. The student researchers developed an assertion statement that explains Dr. MacRae's role and evolution as an occupational therapist, see appendix. The four categories developed by the student researchers were: perspectives on mental health practice, teams, social issues, and professional journey. The themes for each category are defined and described below.

### **Trustworthiness**

Triangulation involved the use of member checking to clarify and confirm the information included in the transcription was an accurate reflection of her career history. Through the data analysis process, the researchers established trustworthiness by reflecting on their experiences as researchers and documented their biases to the study in order to increase reliability and validity.

### **Data Analysis**

When completing the data analysis process, the researchers scanned through the transcript and attempted to identify codes. They identified possible codes as broad concepts or ideas which were repeatedly used or emphasized throughout the interview. Throughout this

process, the student researchers developed 23 codes from the transcribed interview. The student researchers were advised to cut out quotes from a hard copy of the transcript which matched each code. These codes would later be used to develop four categories. The quotes were reviewed by the student researchers' multiple times in order to identify if there was a better code to match that idea or concept. Student researchers changed the codes if the student researchers and their advisors agreed that the quote would fit better under a different code. The changed codes led to all 23 codes being included in the data analysis process. There were no excluded codes.

Each code helped develop one of the four categories and the following themes. The first category was identified as "Dr. MacRae perspectives on mental health practice" and included five codes. The five codes were both positive and negative feelings or thoughts about occupational therapy practice in the mental health setting. The "team" category included seven codes that the student researchers developed based on Dr. MacRae's experiences and beliefs. The category of "social issues" was developed by the student researchers from four codes. These codes were used to develop the category because this was a common concept/idea that Dr. MacRae emphasized throughout the interview. The final category, "professional journey," was created with the use of the remaining seven codes. Dr. MacRae explained her experiences and told stories, which allowed the student researchers to understand her journey and use those stories during the coding process. One overall assertion statement was created which included data from each category and theme, see appendix.

The Kawa Model was used to guide the development of categories and themes. The rocks, or obstacles, in Dr. MacRae's life, were expressed through her concerns about the lack of access that underrepresented populations have to healthcare. Her environment, or her riverbanks, influenced her interest in mental health practice and social issues nationally and internationally.

Her professional journey and involvement in leadership roles created opportunities for advocating for occupational therapy in mental health. The teams that she was a part of acted as a positive resource to overcome the difficulties that she faced while practicing mental health in occupational therapy. The categories and themes emerged through the guidance of the Kawa Model by allowing the student researchers to analyze the flow of Dr. MacRae's life accomplishments.

### **Findings/Results**

The following section contains the theme statements that emerged from the coded information in each category as related to Dr. MacRae's story.

#### **Perspectives on Mental Health Practice**

Theme: Dr. MacRae expressed feelings of concern and discomfort regarding mental health in the United States as compared to other countries in which she has practiced. Dr. MacRae stated,

“Our foothold in mental health is actually very shaky in this country. I do consultation and work overseas a lot. And that really bolsters me up a lot because you're probably not aware of this, but mental health OT is far more established in other countries than it is in this country.”

Theme: Dr. MacRae is passionate about mental health; she appreciates the contributions that the profession of occupational therapy brings. Dr. MacRae stated, “The parts that I most enjoyed and most gravitated towards were underrepresented in the actual profession and many of the situations that it was too medically driven for me. And I had concerns about that from the very beginning.”

**Teams**

Theme: Dr. MacRae discusses how personal attributes, collaboration, and support of colleagues/friends contribute to the way teams work across different healthcare settings. Dr. MacRae expressed that, “You develop friends by being a friend. So I hope to be a good mentor and a good support for my colleagues. And they will be for me.”

Theme: Dr. MacRae believes that occupational therapy, other professions, and the client make-up a team and she explained that each individual within the team is unique. Dr MacRae stated,

“I actually did talk a little bit about the healthcare team and what I wanted to bring up mostly is that if you look at any of the recovery kinds of models or literature, what's most talked about is the heart of it has to be the service users or the clients. And that to me is part of a team.”

**Social Issues**

Theme: Dr. MacRae has hope for the future of social issues in the United States and believes there is a place in occupational therapy for increasing the awareness of mental health and reimbursement methods. Dr. MacRae stated, “It’s also wonderful to see how it gets translated into different practices, different cultural venues, again, different reimbursement systems under systems that are socialized.”

Theme: Dr. MacRae expresses interest in consultation work overseas for various cultures and gravitates towards working in unconventional environments, specifically community programming. Dr. MacRae explains her interest with the statement,

“Probably the biggest eye openers for me was doing international work where I could see how OT operates in other countries. In many ways we're the same. I mean, if you're in an

OT gathering in Malta or Malaga, Morocco, people will understand what you're talking about.”

### **Professional Journey**

Theme: Dr. MacRae’s professional journey is not limited to her career in occupational therapy; she expands her leadership roles to advocate for underrepresented populations. When asked about the context of practice during the time that she graduated, Dr. MacRae stated that “The 90’s was when I started getting back to my roots, more socially oriented kinds of problems and issues. It’s been a major thrust in my career.”

Theme: Dr. MacRae has many accomplishments that have further developed as a result of her education, collaboration with faculty members, and model development. Dr. MacRae explained the story,

“I lived in Malta in 1997. I was a Fulbright fellow and one of my jobs there was to help them develop community mental health. And at the time, the church had given this little village house. So there was this little tiny house that we rented. And I work with those clients and developed the program. And I still consult there. I go back every year, every other year. And there are now five large centers across the island that do community work.”

### **Discussion/Conclusion**

The following assertion statement emerged from the categories and themes: Dr. MacRae has dedicated her career in occupational therapy to advocating for social issues in mental health practice, as seen by her various accomplishments and work with underrepresented populations, which could not be done without the contribution of teamwork between other healthcare professionals. Dr. MacRae’s passion for occupational therapy was evident through her responses

to the life history questions and overall engaging demeanor. Dr. MacRae has demonstrated exceptional leadership at San Jose State University, within the Occupational Therapy Association of California, nationally, and internationally. She sheds light on occupational therapy's role in mental health and social issues including homelessness, substance abuse, financial concerns occurring within and outside of the United States. Dr. MacRae uses her writing skills and experiences working with underrepresented populations to advocate for social justice. The newsletter published by POTAC is an example of her work advocating for program development specifically in community mental health. Her work advocating for social justice has been influential within the profession of occupational therapy.

This life history study was influenced by the Kawa Model in order to better understand the life flow of Dr. MacRae. She explained her past present and future endeavors throughout her career in the occupational therapy profession. She explains that social issues were an integral part of her life due to her background in education being from a humanistic perspective, which she then carried with her during her occupational therapy training and into her career. Dr. MacRae discussed how different aspects of her career influenced her gravitation toward underrepresented populations. She experienced some discomfort with the medical model being forefront in her education and career but overcame those concerns with the development of the Occupational Behavior Model and Model of Human Occupation. Overcoming these concerns also came with changes in healthcare legislation such as the Omnibus Budget Reconciliation Act of 1987 as well as the Americans with Disabilities Act. She expressed the importance of incorporating and centering practice around the medical model, rehabilitation model, and the social model. In order to be successful, all three models have to work together.

Dr. MacRae also identified obstacles, specifically with reimbursement, that contributed to her difficulties within the occupational therapy profession. One difficulty that Dr. MacRae discussed is the inability of occupational therapists to reach underrepresented populations due to pricing ourselves too high, making it so that many individuals cannot afford them. Speaking again on the different models, Dr. MacRae discussed the importance of reimbursement in terms of helping individuals understand how significantly the medical model drives the reimbursement process. She views this issue as one part of a three-part prong which needs to be balanced better in order to improve reimbursement methods.

Dr. MacRae expanded on her many accomplishments, opportunities, and passions, which have guided her practice within the mental health setting. The community-based practice is a setting that Dr. MacRae is very passionate about, and she states that “it makes perfect sense to me that OT services, all services happen in the place where people actually live and work and play.” She voices concern about the fact that there is still more to do in terms of outreach with being on the streets, in their apartments, and being with clients in their occupations of daily life. Dr. MacRae was given the opportunity to do international work where she was able to see how occupational therapy operates in other countries. She expressed how there is a “shared value system that’s really wonderful to see, but it’s also wonderful to see how it gets translated into different practices, different cultural venues, again, different reimbursement systems under systems that are socialized.” This opportunity allowed Dr. MacRae to bring that home to the United States and compare in order to advocate for changes.

The use of the life history of Dr. MacRae provides current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved. Dr. MacRae’s personal and professional experiences provided insight into social issues that

occurred during the time of her practice. Her contribution to the field of occupational therapy through her advocacy and leadership roles will significantly benefit the future of the profession.



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## Appendix

**Evolution of Occupational Therapy Practice: Life History of Anne MacRae, PhD, OTR/L, BCMH, FAOTA**

Danielle Cox, OTS, &amp; Brock Wahlert, OTS

<b>Categories</b>			
Perspectives on Mental Health Practice	Teams	Social Issues	Professional Journey
<b>Codes</b>			
Concern, discomfort, flexibility, future, appreciation	Colleagues/friends, OT, client, personal, attributes, collaboration, support	Culture, environment, reimbursement, awareness	Story, education, faculty, models, accomplishments, advocacy, leadership
<b>Themes</b>			
<p>Dr. MacRae expressed feelings of concern and discomfort regarding mental health in the United States as compared to other countries in which she has practiced.</p> <p>Dr. MacRae is passionate about mental health; she appreciates the contributions that the profession of occupational therapy brings.</p>	<p>Dr. MacRae discusses how personal attributes, collaboration, and support of colleagues/friends contribute to the way teams work across different healthcare settings.</p> <p>Dr. MacRae believes that occupational therapy, other professions, and the client make-up a team and she explains that each individual within the team is unique.</p>	<p>Dr. MacRae has hope for the future of social issues in the United States and believes there is a place in occupational therapy for increasing the awareness of mental health and reimbursement methods.</p> <p>Dr. MacRae expresses interest in consultation work overseas for various cultures and gravitates towards working in unconventional environments, specifically community programming.</p>	<p>Dr. MacRae's professional journey is not limited to her career in occupational therapy; she expands her leadership roles to advocate for underrepresented populations.</p> <p>Dr. MacRae has many accomplishments that have further developed as a result of her education, collaboration with faculty members, and model development.</p>
<b>Assertion Statement</b>			
<p>Dr. MacRae has dedicated her career in occupational therapy to advocating for social issues in mental health practice as seen by her various accomplishments and work with underrepresented populations which could not be done without the contribution of teamwork between other healthcare professionals.</p>			